

COUNTY OF ORANGE**AUDITOR-CONTROLLER****P.O. BOX 567****SANTA ANA, CALIFORNIA 92702**INVOICE NO. **219501**

DATE

REFERENCE THIS NUMBER
ON YOUR REMITTANCES
FOR PROPER CREDIT.

SOLD TO

NAME
ADDRESS

PHONE
S.S. #

ACCOUNTING CODE

☐ PUT "X"
IN THE BOX IF
GOVERNMENT
AGENCY

FND	AGY	ORG	ACTV	REV SOURCE	SUB REV	JOB NUMBER	REPT CATG	B/S ACCT	OBJ	SUB OBJ	AMOUNT

P.O. THIS INVOICE PREPARED BY: PHONE# (714)

QUANTITY	DESCRIPTION	PRICE	AMOUNT

TOTAL DUE:

PLEASE RETURN BLUE COPY OF INVOICE WITH YOUR REMITTANCE.

PERSONAL CHECKS MUST BE IMPRINTED WITH - NAME, ADDRESS AND TELEPHONE
NUMBER. DRIVERS LICENSE AND SOCIAL SECURITY NUMBERS ARE ALSO REQUESTED.